



Mount Saint Dominic Academy

2008-2009 Financial Aid Application

Student Name: _____
Last First M.I.

MSDA Graduation Year _____

**This form must be postmarked on or before
December 15, 2007**

Please complete and mail:

1. this form,
2. a copy of your 2006 Federal Income Tax Return with all attachments.
3. copies of all 2006 W2 and/or 1099 forms for individuals listed in section A,
4. personal statement to:

Financial Aid Committee
Mt. St. Dominic Academy
3 Ryerson Avenue
Caldwell, NJ 07006

Questions? Call us at 973-226-0660 extension 13

Important: If the application is not complete and/or all the above items do not accompany this application, your application will not be processed.

PLEASE PRINT CLEARLY

SECTION A – PARENT OR GUARDIAN INFORMATION
Include all parents or guardians who reside in the family home.

1. Mother/Female Guardian	
Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> <i>(please check one)</i> Relation of guardian to student: _____	
Name: _____ <i>Last First M.I.</i>	
Occupation: <i>Please note if self-employed</i>	
Work Telephone: _____	Cell phone: _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> <i>(please check one)</i>	

2. Father/Male Guardian	
Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> <i>(please check one)</i> Relation of guardian to student: _____	
Name: _____ <i>Last First M.I.</i>	
Occupation: <i>Please note if self-employed</i>	
Work Telephone: _____	Cell phone: _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> <i>(please check one)</i>	

SECTION B – HOUSEHOLD INFORMATION

Street Address:	_____		
City:	State:	Zip Code:	
Home Telephone: _____			
How many people will reside full time at this address during the 2008-2009 school year?			
Number of Adults:		Number of Children:	

SECTION C – DIVORCED OR SEPARATED PARENTS

Date of divorce or separation (month/year):			
Name and address of non-residential parent:			
Do you receive or pay child support?	Receive <input type="checkbox"/>	Pay <input type="checkbox"/>	Neither <input type="checkbox"/>
Total amount of child support received for all children in 2007:			\$
Is there an agreement which requires the non-residential parent to make contributions specifically earmarked for education?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is the annual contribution?		\$	
Who claimed student as a tax dependent in 2006?			

SECTION D – INFORMATION ABOUT DEPENDENTS

• Include all dependents that reside in the family home and rely on the adults in Section A for their primary support.
 • Please print the full name and age of each child below.
 • If the child will attend a tuition-charging school, college, pre-school or day-care facility during the 2008-2009 school year, provide the information requested.
 • Enter Grade of "D" for day-care, "C" for college. Provide tuition amounts that the adults in Section A will pay "out-of-pocket" (tuition minus loans, scholarships, etc).

Last Name	First Name	Age	School	Grade for 08-09	Tuition for 08-09

SECTION E – INCOME AND EXPENSES

Please list **yearly** amounts, not monthly.

	Estimate 2006	Estimate 2007
1. Taxable Income		
Total # of exemptions claimed on Federal Income Tax form		
Parent/Guardian A.1. Adjusted Gross Income	\$	\$
Parent/Guardian A.2. Adjusted Gross Income	\$	\$
Net business income from self-employment including farm, rentals and other businesses	\$	\$
Other non-work taxable income from interest, dividends, alimony, unemployment and non-business income	\$	\$
Total Taxable Income	\$	\$
2. Non-Taxable Income		
Child Support	\$	\$
Welfare	\$	\$
Food Stamps	\$	\$
Social Security	\$	\$
Other	\$	\$
Total Non-taxable Income	\$	\$
3. Total Income (Taxable + Non-taxable)	\$	\$
4. Expenses		
Medical/dental not paid by insurance	\$	\$
Child Support paid	\$	\$
Alimony paid	\$	\$
Do you rent or own your residence? Rent <input type="checkbox"/> Own <input type="checkbox"/>		
If renting, rental payment	\$	\$
If you own:	\$	\$
Current market value	\$	\$
Amount still owed	\$	\$
Annual mortgage payments and taxes	\$	\$

SECTION F – ASSETS AND LIABILITIES

Please enter current values for all information requested.

1. Current amount in cash, savings, checking and CDs	\$
2. Current market value of stocks, bonds, mutual funds, money market funds and other liquid investments (do not include retirement plans)	\$
3. If you own other real estate other than your primary residence:	
What is the current market value?	\$
What is the amount still owed?	\$
4. Student savings	\$
5. Custodial and/or other accounts held in trust for student	\$
6. Do you own a business or farm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Section G	
Value of your business or farm	\$
Amount still owed	\$
7. Motor Vehicles:	
Make _____ Year _____ Own <input type="checkbox"/> Lease <input type="checkbox"/> Unpaid balance \$ _____	
Make _____ Year _____ Own <input type="checkbox"/> Lease <input type="checkbox"/> Unpaid balance \$ _____	
Make _____ Year _____ Own <input type="checkbox"/> Lease <input type="checkbox"/> Unpaid balance \$ _____	
8. Boats or other recreational vehicles:	
Make _____ Year _____ Own <input type="checkbox"/> Lease <input type="checkbox"/> Unpaid balance \$ _____	
Make _____ Year _____ Own <input type="checkbox"/> Lease <input type="checkbox"/> Unpaid balance \$ _____	

SECTION G – BUSINESS INCOME

Please complete this section only if you answered “yes” to question 6, Section F.
Please estimate the following for 2007.

What are your gross business receipts or sales?	\$
What is your net business profit or loss?	\$
What is your annual salary or draw?	\$
If your business pays your home rent or mortgage, what is the annual total?	\$
If your business pays for your personal automobile, what is the annual total?	\$
Monies expended for personal insurance	\$
Pension/retirement contributions	\$
Other company paid personal expenses	\$

SECTION H – OTHER TUITION SOURCES

Do you expect to receive tuition assistance from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify the source and amount to be received:			
Grandparents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
Other family member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
Trinity Academy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
Knights of Columbus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
Other (Please Specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$

SECTION I – PERSONAL STATEMENT

MANDATORY

Please relate any personal circumstances that would aid the committee in the fair evaluation of your application. Please attach another sheet of paper.

SECTION J – CERTIFICATION AND SIGNATURE

This form must be signed by the parents/guardians in Section A. Incomplete or unsigned applications will not be processed.

I (We) hereby certify that the information on this form and all attachments is complete and accurate to the best of my (our) knowledge.

Certifying parent/guardian printed name

Signature

Date

Certifying parent/guardian printed name

Signature

Date